

**SPECIAL
POINTS OF
INTEREST:**

- Healthy Start Home Visitor Required Training
- October is Children's Health Month
- Alcoholism and Kansas Adolescents
- NAMI Kansas Holds First State Conference
- Teen Brains: Still Under Construction
- October is Red Ribbon Month

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ZIPS

Zero to age 21: Information Promoting Success

for Public Health Professionals working with Kansas Kids

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New Child and School Health Consultant

Brenda Nickel comes to her position as KDHE Child and School Health Consultant with varied experiences in her professional career that make her uniquely qualified for her new responsibilities.

Brenda spent almost all of her professional nursing career practicing in public health. During eight years at the Lyon County Health Department in Emporia, she had opportunities that included moving the department to a clinic setting, thus increasing the services provided to the community. As a public health nurse, Brenda was primarily responsible for three programs: WIC, Community Health Fair, and contracted school health services in the Northern

Lyon County school district.

In 1989, Brenda began what became nearly 17 years as a school nurse with the Emporia school district. Once again, she experienced many different roles and changes that included being a school nurse for all grades from elementary to high school, including special and early childhood education. In addition to serving on many community-wide committees as the nurse representative, Brenda worked with the Kansas School Nurse Summer Conference Planning Committee.

With two weeks on the job, she finds herself "... in a whirlwind of learning as I meet all of the energetic, bright folk who are partnering together and who



are working along side all public health professionals to improve and enhance the health of all Kansans!" Brenda is clearly up to the challenge!

Brenda lives in the Flint Hills near Emporia with her husband, Chris, and 17-year-old son, Sean. The family also includes two horses, a yellow lab, and an amazing pet rat, inherited from daughter, Emily—a sophomore at Baker University.

Welcome New Staff to Children & Families Section



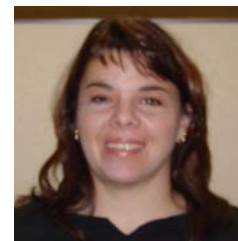
Valetta Striblin arrived on May 9 as our new full-time administrative specialist. Valetta is not new to state employment (she came to C&F from the Kansas Department of Commerce, Policy and Planning Unit), but is new to public health.

With three years experience in administrative work, Valetta brings energy and a commitment to learning to her job and likes that her job "is challenging and the people are great."

Born and raised in western Kansas, mostly in Dodge City, Valetta moved to Topeka about 4 years ago. She is married to Tracy and has three children— McKinsey (11), Dylan (9), and Cabria (7).

Kobi Gomel started Sept. 26 as a half-time senior administrative assistant. Kobi has 13 years experience in various accounting and office jobs—skills that will prove valuable in her support of C&F program managers. This is Kobi's first job with the state. She says she "never knew there were so many programs to help children!" With first-hand experience with a child with a slight speech delay, Kobi is primed to help the C&F Section do its job of helping Kansans improve their health and life outcomes.

Kobi has been married to Chris for 12 years and has two children—Zachary (6 ½ - going on 30!) and Grace (3 ½).



PERINATAL HEALTH

How to Deliver a Baby in Times of Emergency

In the wake of recent hurricanes, a plethora of information has been produced on what could or should have been done to reduce the loss of human life and suffering. In this information was an article that offered some suggestions on how to deliver a baby in a time of extreme emergency without medical personnel present.

Sometimes we feel our world close in on us and we are not always sure how to respond. At those times it can be helpful to



have at hand a short list of what to do in an emergency, especially when that emergency involves bringing a new life into this crazy-quilt world. The following is a list of sug-

gestions to use to assist a woman give birth when you can't access a medical facility:

1) Do not panic. 2) Call for help, if possible (911, midwife, doctor). 3) Remind mother to breathe slowly. 4) Place your hand on the baby's head, allowing it to come out slowly. 5) Do not pull on the baby's head or body. 6) As the baby is born, gently stroke downward on the baby's nose. 7) Place the baby skin to skin with the mother. 8) Place something warm over both of them. 9) Have mother breastfeed the baby, if possible. 10) If placenta is born, place next to baby. 11) Wait for assistance, or if travel is possible, go to the nearest place that provides birthing services. Some other tips were: grab shirts or towels to wrap mom and baby

up or use an emergency blanket from a car; do not cut the umbilical cord (can cause the mom and/or her baby to bleed and it will also remove the source of oxygen for the baby); and breastfeeding her baby will help to reduce the amount of mom's bleeding. For more complete information on this, go to: <http://www.acnm.org/documents.cfm?id=622> Then, click on the link for: "Giving Birth in Place: Emergency Preparedness for Expectant Parents." This document is free to download and is promoted as a "what to do" for expectant parents when labor begins and the mother is unable to travel to a birthing center or hospital to deliver.

We can lick gravity, but sometimes the paperwork is overwhelming.

— Wernher von Braun

New Postpartum Depression Knowledge Path Available

The new edition of Knowledge Path: Postpartum Depression offers a selection of current, high-quality resources on the prevalence and incidence of postpartum depression; identification and treatment; impact on the health and well-being of a new mother and her infant; and implications for service delivery. It is produced by the MCH Library and is available at: http://www.mchlibrary.info/KnowledgePaths/kp_postpartum.html

Treatment of Depression Lowers Health Care Costs

A study recently published in the Archives of General Psychiatry indicates that providing pharmacotherapy or Cognitive Behavior Therapy (CBT) to low-income minority women, while significantly improving in overall depression scores, is also cost-effective for the public health care system. This seems true when compared to the costs of other generally accepted medical treatments.

This economic study was based on treatment interven-

tions and data collected in the Women Entering Care clinical trial. The study sample was drawn from a cohort of women in the Family Planning Program receiving pediatric clinical services in Maryland and Virginia. The analysis compared total outpatient costs, total costs, and effectiveness outcomes between treatment groups, controlling for demographic variables and baseline clinical and health status.

As ongoing studies seek

additional evidence of the cost-effectiveness of treating minority women with depression who seek public health care services, this topic seems worthy of consideration by national, statewide and local communities to improve the health of children and families. For more information on topics related to mental health go to: <http://www.samhsa.gov>. Also, for more information on minority women's health go to: <http://www.omhrc.gov>.

Healthy Start Home Visitor Regional Trainings

TRAINING REQUIRED UNDER CONTRACT TERMS

The next Healthy Start Home Visitor (HSHV) Regional Training will be October 5 in Hoxie, Kansas, at the Midwest Energy Building/Community Room located at 916 Sheridan Avenue.

HSHVs are required to attend one of the six trainings offered by the Maternal and Child Health (MCH) staff at KDHE as part of their contractual obligations. No other trainings may be substituted for this training. However, HSHV's may attend other train-



safety seat training, certified breastfeeding educator and related trainings, etc.,).

For a current list of the remaining HSHV Regional Trainings and for contacts, go to: <http://www.kdhe.state.ks.us/c-f/downloads/05RegMtgs.pdf>.

Safe Motherhood

Although the United States is one of the most medically and economically advantaged countries in the world, American women suffer unexpectedly high rates of death, illness and injury during pregnancy and after childbirth. As part of a cooperative agreement with the CDC's Division of Reproductive Health, Association of Maternal and Child Health Programs (AMCHP) is working to increase awareness and action around health and safety for women during pregnancy and motherhood.

Learn more about this initiative at AMCHP's Web site: <http://www.amchp.org/policy/women-safemother.htm>

CHILD HEALTH

MyPyramid for Kids

MyPyramid for Kids was unveiled by the US Department of Agriculture Secretary Mike Johanns on September 28. MyPyramid for Kids is a child-friendly version (for ages 6-11) of the new MyPyramid Food Guidance System.

As part of the promotion of MyPyramid, Dr. Eric Hentges, director of the Center for Nutrition Policy and Promotion at USDA, says, "We'll be talking to school food service groups because they need to be able to reinforce MyPyramid messages. Posters will be available for the lunchrooms.



There will also be lessons for the classroom along with an interactive computer game.

MyPyramid for Kids will also be reflected in the

National School Lunch Program and Team Nutrition's HealthierUS School Challenge (<http://www.fns.usda.gov/tn/HealthierUS/index.html>), which recognizes schools that meet the Dietary Guidelines and the food patterns of MyPyramid. USDA's Food and Nutrition Service will start incorporating all of these materials into their work with school food service." Learn more at <http://mypyramid.gov/>.

Effects of Childhood Exposure to Second-hand Smoke

A new study has found that early-life exposure to second-hand smoke can cause life-long respiratory problems. In a paper published online in the journal *Thorax*, researchers at the National Institute of Environmental Health Sciences (NIEHS) in the National Institutes of Health, the University of Minnesota, and the National University of Singapore reported that individuals who had lived with smokers in childhood had more respiratory problems later in life, including chronic coughs.

The study of 35,000 adult non-smokers in Singapore also found that participants who reported eating more fruit and soy fiber as adults seemed to be protected against some of the negative health effects often associated with early tobacco exposure. For all the details, go to: <http://www.nih.gov/news/pr/aug2005/niehs-30.htm>



October is Children's Health Month

Children's Health Month is celebrated in October, but children's health is important year-round. The Children's Health Web site has links to a variety of information on children's health topics, federal agency involvement, and a

list of last year's activities for ideas for this year's celebrations.



There is even a calendar of tips to protect children with a different tip for each day of October.

In proclaiming Child Health Day (the first Monday in October) last year, President Bush said, "Parents, teachers, faith-based and community groups, and government leaders are working together to counter the negative influences in today's culture, highlight the benefits of healthy lifestyles, and educate children about the consequences of their actions. We all have an important role in giving America's children a healthy start

in life by teaching them that the decisions they make today will affect them for the rest of their lives. By helping them make the right choices, we better prepare them for a hopeful future." Public and school health providers are steadfastly committed to helping children make right choices.

Consider observing Children's Health Month in your school or organization this year. Tools to help are available. Go to <http://www.childrenshealth.gov/> to discover the rewards of healthy children.

**If you've never
been hated by
your child,
you've never
been a parent.**

— Bette Davis

A Better Way To Treat Head Lice?

Head lice continue to be a major problem in schools and child-care settings. The standard approach to treating it is to use lotions that contain insecticides and to remove nits during treatment. However, studies have shown that lice are becoming resistant to many commonly used products. Also, because lotions include insecticides, parents and others are concerned about the safety of using these lotions repeatedly in children.

In an effort to find an alternative approach, dermatologist Dr. Dale Pearlman in California developed "Nuvo lotion." The lotion is applied to wet hair and then blown dry with a hair dryer. This results in the lotion "shrink-wrapping" the lice and suffocating them. The lotion ingredients are all water soluble and recognized as safe.

A report in *Pediatrics*, September 2004, by Dr. Pearlman describes a study of two groups

of children with lice. One group used the lotion along with minimal household cleaning and nit removal. The other group was treated the same, but did not go through nit removal. Typically the lotion was applied one day and removed the next day with shampooing. The overall cure rate was 96 percent, with both groups having similar results.

Results were also similar when the two groups were seen six months later, with about 94

percent still lice-free. No adverse effects were reported.

The author argues that these results are comparable to or better than those achieved with the use of insecticide lotions, and that parents and children both found the treatment less burdensome and less unpleasant than standard approaches.

Nuvo Lotion is not yet commercially available.



ADOLESCENT HEALTH

Alcoholism and Adolescents

Using alcohol is part of our culture. As members of this culture, young people receive messages and form impressions that it is okay to use alcohol. However, alcohol has more social consequences than any other drug. Alcohol is the number one drug of choice among Kansas youth. Teen drivers in Kansas had 279 alcohol related crashes in 2004, killing eight and injuring 213 (data from <http://www.ksdot.org/burtrafficsaf/teen/stats.asp>).

Alcoholism is a disease that occurs in stages. In the early stage, people drink for relief, have memory blackouts, repeat drunken driving, increase tolerance and



cannot predict if they will be able to stop after one drink or a binge. Social problems surface in the middle stage of the disease. Alcoholics have trouble at their job, are dishonest, may have legal troubles, and family life deteriorates. In the last stage of alcoholism, physical health declines. An alcohol addiction can cause stomach, liver, pancreas, kidney, nervous system and/or mind problems in the final stage.

The good news is that alcoholism is a treatable disease. There are many resources available to anyone wanting assistance. An excellent site to find the nearest treatment center to you is: <http://dasis3.samhsa.gov/>. If your life is affected by someone else's drink-

ing look at: <http://www.al-anon.org/>. If you need new, free posters for your school relating to alcohol, go to: <http://www.kansasfamily.com/> and click on Get Resources. To get information on signs and symptoms of alcoholism, and how to start a Red Ribbon drug free program in your school, contact Maria Torrez Anderson at mtanderson@kansasfamily.com

Michele Reese with Kansas Drunk Driving Prevention Office can supply underage drinking mailers for your school newsletters and can arrange for presentations at your school on alcohol abuse (she especially likes to target parents). Contact Michele at mreese@ksna.net or call toll free 1-877-715-3377.



The Cool Spot

The Cool Spot is a Web site created by the National Institute on Alcohol Abuse and Alcoholism (NIAAA) for kids age 11-13. The NIAAA is the lead agency supporting research into the causes, prevention, and treatment of alcohol problems and is part of the National Institutes of Health.

The content of The Cool Spot is based on a curriculum for grades 6-8 developed by the University of Michigan. The curriculum was created for the Alcohol Misuse Prevention Study (AMPS), a large-scale project supported by NIAAA.

One goal of AMPS was to give young teens a clearer picture about alcohol use among their peers. Teens tend to overestimate how much kids their age really drink. When they learn more accurate information, some of the pressure to drink can subside. Other goals of AMPS were to help kids learn skills to resist pressure to drink and to give them reasons not to drink.

Promote The Cool Spot at your school or organization! It can help adolescents build self-esteem needed to avoid risky behavior. To learn more, visit the site at: <http://www.thecoolspot.gov/>.

No man can climb out beyond the limitations of his own character.

— Viscount John Morley

Love Your Body Day

Hollywood and the fashion, cosmetics and diet industries work hard to make us believe our bodies are unacceptable and need constant improvement. Print ads and television commercials reduce us to body parts - lips, legs, breasts



- airbrushed and touched up to meet impossible standards. TV shows tell women and teen girls that cosmetic surgery is good for self-esteem. Is it any wonder that more than 80percent of fourth-grade girls have been on some fad diet?

Women and girls spend billions of dollars every year on cosmetics, fashion, magazines and diet aids. These industries can't use negative images to sell their products without our assistance.

Fight back on Love Your Body Day, October 19, with information from: <http://loveyourbody.nowfoundation.org/>.

Neighborhood Characteristics Affect Adolescent Sexual Behavior

Adolescent sexual behaviors are a public health concern because of the risks of STDs and the negative social consequences of teen pregnancies. Associations between neighborhood characteristics and teens' sexual behaviors are poorly understood.

Analyses of data from 14,151 adolescents in grades 7-12 in the National Longitudinal Study of Adolescent Health examined the relationships between four neighborhood dimensions (socioeconomic factors, norms and opportunity structure, social disorganization, and racial/ethnic composition) and the initiation of sex and contraceptive use at first and most recent sex.

Other factors considered were family income, parental education, race and ethnicity, age and family structure.

The study found all four neighborhood dimensions were associated with sexual initiation. For females, living in a neighborhood with a greater concentration of idle youth or black residents was associated with increased odds of sexual initiation, whereas a greater concentration of married households or Hispanic residents was associated with decreased odds of initiation. Higher initiation among males was associated with poverty or idle youth and lower initiation was found with a higher concentration of

affluent households or working women. The sole association with contraceptive use was that females in neighborhoods with more idle youth were less likely to have used contraceptives at first sex.

The authors concluded that neighborhood context appears to be modestly associated with the sexual initiation of adolescents. However, little support was found for neighborhood influence on contraceptive use, suggesting that other factors may play a more important role in shaping adolescents' contraceptive behaviors.

For the full report, go to: <http://www.agi-usa.org/pubs/journals/3712505.html>.

PUBLIC HEALTH

Sowing the Seeds of Hope: Cultivating Recovery in the Heartland

You are invited to attend NAMI Kansas' first-ever conference in Hays, U.S.A.! The overarching themes will be recovery and growth in rural and territorial Kansas, as well as access to services and cultural competence. The conference dates are October 28-29 and it will be held at Holiday Inn Hays.

The location is especially meaningful because NAMI Hays has worked extremely hard in its first two years, including hosting NAMIWalks in May 2005 with tremendous community support for recovery. At this year's national NAMI convention, NAMI Kansas was selected as the State Organiza-

tion of the Year, based on its rate of membership increase, participation in state policy development, and the establishment of solid education programs and innovative initiatives. The organization is experiencing a wonderful period of growth and development, and this year's conference will celebrate it. As if that were not enough, 2005 is also the 25th Anniversary of NAMI Kansas.

The conference will feature five separate workshop tracks, with topics ranging from special needs estate planning to art therapy. It will include a number of events related to the Medicare Modernization Act,

including a plenary, a workshop, and one-on-one counseling for prescription drug benefit choices.

For more information and to register, go to <http://www.namikansas.org> and click on the Conference Link. You can view a preliminary program at http://www.namikansas.org/2005_ConferenceProgramDraft_v10.pdf

This is sure to be an excellent conference for public health professionals who want to improve their understanding and skills in mental health care. See you there!



The vocation of every man and woman is to serve other people.

— Leo Tolstoy

Geography Links STD To Alcohol Availability

Neighborhoods with a high number of "alcohol outlets," such as bars, liquor stores, and grocery or convenience stores that sell alcohol, also appear to have higher rates of gonorrhea, a sexually transmitted disease (STD), according to a study.

After reviewing 155 census tracts in New Orleans, researchers from Louisiana State University School of Medicine and the Louisiana Office of Public Health found evidence of a geographic relationship between alcohol "outlet density" and gonorrhea rates.

The researchers, who used gonorrhea cases as an indication of high-risk sexual behavior, found that "areas where the outlet density is highest tend to be areas where the concentration of gonorrhea cases is the greatest."

Outlet density was measured two ways -- as outlets per square mile and outlets per person. Both appeared to be linked to higher gonorrhea rates, although the relationship between on-premise outlets, such as bars or restaurants that served liquor, showed a lesser relationship than off-premise out-

lets, such as liquor stores and grocery or convenience stores that sell liquor.

"It has been shown that alcohol affects judgment and has a disinhibiting effect on socially learned restraints," write the authors. "Alternatively, alcohol use may merely serve as a marker for a risk-taking personality."

The researchers suggest that the results of their study "justify a public health intervention as a next step in defining the relation between alcohol availability and high-risk sexual behavior."

The study was published in the November 1998 issue of the journal Sexually Transmitted Diseases.

Nursing Workshop Offers Latest Informatics Trends

The "Weekend Immersion in Nursing Informatics (WINI)" offers three days of concentrated study of the latest trends and issues facing nursing professionals, including a comprehensive examination of informatics theories, the impact of human factors, systems analyses, and design approaches.

Sponsored by the University of Kansas School of Nursing, the KU Center for Healthcare Informatics, and KU Medical Center Continuing Education, this unique workshop is designed for nurses who want to improve their working knowledge of

nursing informatics. Experienced nurses will benefit as they prepare for the American Nurses Credentialing Center Nursing Informatics Exam.

WINI is scheduled for Oct. 28-30 at the DoubleTree Hotel in Overland Park. Enrollment is limited to enhance the interactive learning sessions so register now. It is accredited for 20.4 contact hours.

For complete program details and application, please visit <http://www.kuce.org/kumc/wini> today or contact KU toll-free at 877-404-5823 or 785-864-5823.

Ask Ken!

(About CVRs)

Q: If clients have two types of insurance, which do we file first?

A: The primary provider should be billed first. If the primary provider denies the bill, then file with the second insurer. No child in the State of Kansas should go without insurance. HealthWave will cover Well Child check-ups. Encourage clients to apply for HealthWave. For data entry, only one type of insurance is reported, so mark the primary type of health coverage only.

For billing purposes, according to the KanBe Healthy (KBH) 2005 handbook: "If a child has both primary insurance and Kansas Medicaid, the provider should bill both simultaneously for KBH screens."

If you have specific questions on how to do the billing, call Ken at 785-296-1305.

SCHOOL HEALTH

TEEN BRAINS: STILL UNDER CONSTRUCTION

Contrary to what most parents sometimes think, “teens really do have brains,” quipped Dr. Jay Giedd in a recent lecture on “Teen Brain under Construction.” Researchers are beginning to understand the biological basis for peculiar teen behavior.

Giedd, a researcher at the National Institute of Mental Health, explained that scientists have recently learned more about brain growth. One important finding showed that the frontal cortex area—which governs judgment, decision-making and impulse control—doesn’t fully mature until around age 25. “That really threw us,”

Giedd said, “. . . but tons of industry data show that 24-year-olds are costing insurance companies more than 44-year-olds are.” But why?

“It must be behavior and impulse control,” he said. “Whatever these changes are, the top bad things that happen to teens involve emotion and behavior.” Medically, Giedd said, teens and young adults are very healthy. But with accidents as the leading cause of death in adolescents and suicide following close behind, “this isn’t a great time



emotionally and psychologically. We call it the great paradox of adolescence: right at the time you should be on the top of your game, you’re not.”

The next step is to learn more about influences on brain growth, for good or bad. “Ultimately, we want to use these findings to treat illness and enhance development.” For now, parents should know that science shows they can influence children’s brain development.

“From imaging studies,” Giedd said, “one thing that seems especially intriguing is this

notion of modeling . . . that the brain is pretty adept at learning by example. As parents, we teach a lot when we don’t even know we’re teaching, just by showing how we treat our spouses, how we treat other people, what we talk about in the car on the way home. . . . Things that a parent says in the car can stick with them for years. They’re listening,” he said, “even though it may appear they’re not.”

So, how can we change our kids? “Well, start with yourself in terms of what you show by example,” Giedd advised. (<http://www.teenpregnancy.org/resources/reading/pdf/brain.pdf>)

Back to School with Asthma



Did you know that about three students in a classroom of 30 face the challenge of asthma? The National Heart, Lung, and Blood Institute (NHLBI) has the re-

sources to properly prepare for going back to school with asthma.

Here are three problem solving tools for school health care professionals.

- [When Should Students with Asthma or Allergies Carry and](#)

[Self-Administer Emergency Medications at School?](#) (http://www.nhlbi.nih.gov/health/prof/lung/asthma/emer_medi.htm)

- [Is the Asthma Action Plan Working?--A Tool for School Nurse Assessment](#) (http://www.nhlbi.nih.gov/health/prof/lung/asthma/asth_act_plan_frm.htm)

- [Breathing Difficulties Related to Physical Activity for Students With Asthma: Exercise-Induced Asthma](#) (http://www.nhlbi.nih.gov/health/prof/lung/asthma/exer_induced.htm)

School Wellness Policy Required by Law

If your school is participating in the federal school breakfast or lunch program, a new law requires your district to establish a Local Wellness Policy by the 2006-2007 school year. According to the requirements, school districts must set goals for nutrition education, physical activity, campus food provision, and other activities designed to promote student wellness. Also, districts must involve a broad group of individuals in policy development and have a plan for measuring policy implementation.

Examples of policies that can be tailored for your school are at: <http://www.fns.usda.gov/tn/Healthy/>

You can't hold a man down without staying down with him.

— Booker T. Washington

Seal America: The Prevention Invention

The American Association of Community Dental Programs, working with other professional oral health organizations, has produced a how-to manual for establishing a school-based dental sealant program, including sample forms and resource materials.

The manual is for use by health professionals, program administrators, and others interested in starting a dental sealant program to help prevent dental caries in children. The manual and accompanying video are available at <http://www.mchoralhealth.org/Seal>.



Virginitiy at Age 18 Equates to Improved Outcomes in Middle Adulthood

From 1979 through 2000 waves of the National Longitudinal Study of Youth (NLSY, 1979), researchers analyzed interview information on 3,750 men and 3,620 women to determine the impact of virginitiy at age 18 on educational, economic, social, and health outcomes in middle adulthood.

Female virgins were more likely than non-virgins to have a positive financial net worth and less likely to use welfare benefits or to experience health problems. Virgins of both genders attained more education and were half as likely to experience divorce. The findings were not due to avoiding teen pregnancy or teen fatherhood, and they persisted after controlling for ethnicity and measures

of previous educational or economic disadvantage.

Though the possibility of interference from unobserved variables cannot be entirely excluded, the strength, consistency, temporal direction, and plausibility of the associations suggest some causal effect. Possible explanations for the impact on divorce include the influence of pre-existing poor relationship skills as well as that of extramarital affairs. Encouraging teen sexual abstinence is expected to result in improved outcomes in middle adulthood.

Research was reported in Volume 3, Number 4, of the Adolescent and Family Health journal.

EVENTS



RESOURCES

Sixth Annual Kansas Optometric Association Children's Vision and Learning Conference

This conference on October 7 in Wichita is for school nurses, educators, administrators, school psychologists, occupational therapists and optometrists to learn about the relationship between vision and learning. It will also provide an opportunity for dialogue to explore ways to collaborate and to make sure that vision conditions don't hinder children's ability to learn. Find out all about this meeting at: http://www.kansasoptometric.org/public_childrevisions.html.

Pediatric Symposium: Chronic Health Concerns in the School Setting

The American Lung Association of Kansas (ALAK), along with a number of other public health organizations in Kansas, will be sponsoring a symposium on October 14 at the KU Edwards Campus in Overland Park. Speakers at this symposium will describe approved guidelines for the management of asthma and other chronic diseases. Participants will learn practical steps that can be taken to improve care and make a real difference in the lives of children diagnosed with chronic diseases. Registration will cost \$75 or \$35 and CME/CNE contact hours will be offered. Contact Sally Head of ALAK at 785-272-9290 ext 103 or shead@kslung.org for information.

October is Red Ribbon Month

This month, talk with your administration about what you can do to stop the disease of alcoholism. During Red Ribbon Week, October 23 - 31, challenge your school to stop underage drinking. Have a pumpkin carving or painting contest with stopping underage drinking as the theme. After all, Halloween is the third highest reported holiday (after Thanksgiving and 4th of July) for alcohol related accidents in Kansas. For more: http://www.redribboncoalition.com/red_ribbon_basics.htm

Public Health Nurse and School Nurse Vision Screening Training Schedule

Vision Screening and Assessment Workshops for nurses will be held on Oct. 24 (KC) and Nov. 18 (Salina). Learn more and register at: <http://www.kdhe.state.ks.us/c-f/school.html>

Heart Healthy Women and Disparities

The Kansas Heart Disease and Stroke Prevention Program along with the Nebraska Cardiovascular Health Program and the Missouri Heart Disease and Stroke Prevention Program will present the Region VII Cardiovascular Disease Conference entitled "Heart Healthy Women and Disparities: Putting Knowledge Into Action" on November 2-4 at the Hyatt Regency Crown Center in Kansas City, Missouri. Contact Misty Jimerson at Mjimerson@KDHE.state.ks.us for more information.

Advanced Oral-Motor Feeding Workshop

This workshop, November 4-5 in Topeka, is designed for those who have attended a basic feeding workshop and who now want to problem solve issues encountered in feeding therapy with children and families. Gay Lloyd Pinder, PhD, CCCSLP, will conduct the workshop. She is program director of the Children's Therapy Center of Kent, WA, and a clinical instructor at the University of Washington in Seattle. For details and to register, go to: <http://www.capper.org/pdfs/Oral%20Motor%20Course%20Description.pdf>

The greatest tragedy is indifference.
— Red Cross

The Maternal and Child Health Thesaurus, Third Edition, created by the Maternal and Child Health Library, has just been published. It provides the MCH professional community with a standard vocabulary that serves as a tool for indexing and retrieving materials in any MCH research center, library, or special collection. The thesaurus Web site at <http://www.mchthesaurus.info/thesaurus/home.htm> provides an introduction; an alphabetical list of terms; a rotated list of terms; a set of subject categories; and a search function to search MCHLine® for specific terms. A pdf version of the full 244-page thesaurus is also available on the Web site.

Need an answer on a health topic? Go to the Health Resources and Services Administration Information Center Web site where you can order free publications and materials developed by HRSA Bureaus and Offices. The Web site also features information on resources that may interest you, including organizations, news sources, and current HRSA initiatives. Check it out at: <http://www.ask.hrsa.gov/>

The American School Health Association has a new handbook, "Protecting and Disclosing Student Health Information. How to Develop School District Policies and Procedures," which provides practical guidance to help school district personnel navigate the myriad and sometimes conflicting legal considerations connected to managing student health information. You can find ordering information at <http://www.ashaweb.org> under publications – school nurse/health services materials.

The Center for Health and Health Care in Schools

(CHHCS), a nonpartisan policy and program resource center at the George Washington University School of Public Health and Health Services, provides a listing of grants from a variety of sources for a variety of reasons. Check it out at: <http://www.healthinschools.org/grants/alerts.asp>

The National Health Information Center, Office of Disease Prevention and Health Promotion, U.S. Department of Health and Human Services, provides a 2005 National Health Observances calendar. Find out what is being celebrated or emphasized this month at: <http://www.healthfinder.gov/library/nho/nho.asp?year=2005#m9>.

The Summer 2005 edition of "Folic Acid Update" from the National Center on Birth Defects and Developmental Disabilities is now available! View the current newsletter at: <http://www.cdc.gov/ncbddd/folicacid/newsletters.htm>

The Kansas Health Statistics Report, August 2005, is available at the KDHE Center for Health and Environmental Statistics Web site at <http://www.kdhe.state.ks.us/ches/khsnews/khsr.html>. The Center publishes the Report quarterly. Subscribe for electronic notification by sending contact information to Kansas.Health.Statistics@kdhe.state.ks.us.

Stopping Germs at Home, Work and School a CDC fact sheet is available in English and Spanish and can be downloaded by visiting: http://www.cdc.gov/germstopper/home_work_school.htm

Autism and Genes information from the National Institute of Child Health and Human Development can be read and downloaded by visiting: http://www.nichd.nih.gov/publications/pubs/autism_genes_2005.pdf



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Providing leadership to enhance the health of Kansas women and children through partnerships with families and communities.

Welcome to ZIPS: Zero to Age 21 — Information Promoting Success for Public Health Professionals Working with Kansas Kids. We hope this newsletter continues to be a useful resource for you, and we encourage you to give us your comments, feedback, and suggestions.

Previous ZIPS can be found at:

<http://www.kdhe.state.ks.us/c-f/zips/>

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Comeuppance for Bullying

Bullying is no longer considered a harmless rite of passage in childhood, says Capt. Stephanie Bryn, a spokeswoman on the issue for the U.S.

Department of Health and Human Services (HHS).

"Adults need to recognize it's not OK," Capt. Bryn says. "In the past, we really didn't deal with bullying. We said, 'Boys will be boys. Girls will be girls.' We don't let that go anymore. We ask that people would stop and address bullying."

Bullying, repeatedly lashing out at other people physically or verbally, can affect students' well-being. Harassment can lead to problems such as depression and a drop in grades.

As a way to address the issue of bullying, Capt. Bryn, director of injury and violence prevention programs for the Health Resources and Services Admini-

stration at HHS, heads a campaign called Stop Bullying Now! (<http://www.stopbullyingnow.hrsa.gov>). Started in 2001, the movement provides resources for schools and communities through its interactive Web site.

Children who bully are likely to commit vandalism and drop out of school, she says. About 71 percent of school shooters, 29 out of the 41 students studied, reported they had been bullied and persecuted prior to the incidents, according to a study by the U.S. Department of Education and the Secret Service. All of the attacks studied took place between 1974 and June 2000.

Signs that a child may be bullied include torn or damaged belongings, unexplained bruises or scratches, fear of what should be a safe experience, a change in friends, a loss of interest in activities, depression and complaints of headaches or stomachaches to avoid an activity.

Parents also should be aware of behaviors that would suggest their child

is a bully, says Stephen Zagami, director of student services for Montgomery County Public Schools in Rockville, MD. Bullies exhibit impulsive, hot-headed, dominant behavior. Boys usually are more likely to physically harass another child, while girls are more likely to exclude peers, make verbal threats and spread rumors. When children are easily frustrated, lack empathy, have difficulty following rules and view aggression in a positive way, parents should take proper disciplinary measures to prevent bullying.

If people are educated about the severity of bullying, then, it is hoped, adults and children will work together to prevent it, Capt. Bryn says. Health and safety professionals, mental health professionals, educators, law enforcement officers and youth organizations play a vital role in dealing with bullying.

SOURCE: Washington Times Online article by Jen Waters, <http://www.washingtontimes.com/metro/20050925-104445-6251r.htm>, accessed Sep. 27, 2005